Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

	(CLAIMS AS FILED - PART I (Column 1) (Column 2)			mn 2)	SMALL ENTITY TYPE OR			OR	OTHER THAN SMALL ENTITY	
FOR .		NUMBE	R FILED	NUMBER EXTRA		Γ	RATE	FEE	[RATE	FEE
BASIC FEE								345.00	OR	*2.5	690.00
TO	TAL CLAIMS	9	minus 20	0= *			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS / minus 3 = *							X39=		OR	X78=	
MU	TIPLE DEPEND)	+130=		OR	+260=					
* If	the difference i	7	TOTAL		OR	TOTAL	690 W				
	CL				•	OTHER	THAN				
		(Column 1)	source: majored i vs. d	(Column 2)	(Column 3)		SMALL		OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON.	Total	*	Minus	**	=		X\$.9=		OR	X\$18=	ا الله الله الله الله الله الله الله ال
AME	Independent		Minus	***	=		X39=		<u>≔</u> OR	X78≡	
	FIRST PRESE	NIATION OF MU	JUIPLE DEP	ENDENT CLAIM			+130=		OR	+260=	
						l	TOTAL		اما	TOTAL	
	(Column 1) (Column 2) (Column 3						ADDIT. FEE			ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	=	П	X39=		OR	X78=	
Ĥ	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDENT CLAIM		ן נ	+130=		OR	+260=	
							TOTAL			TOTAL	<u> </u>
		(Column 1)		(Column 2)	(Column 3)		ADDIT. FEE			ADDIT. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***			X39=		OR	X78=	
F	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						.100		1	.000	
	If the entry in colur	mn 1 is less than t	he entry in colu	mn 2, write "0" in co	olumn 3.		+130=		OR	+260= TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											
ŧ	***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										

This Form is for INTERNAL PTO USE ONLY It was NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09603186

Total Fee Calculation

	Fr Carl	Total a citus-	Strandinger Entres X	F • · ·	Fry	· James
,	5-m / C.;			Ger Barry	Ly Earle	100
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(adegendent Claim; 3)	202002					.——
Mate Cap Claim Prison	204.1014		-			
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English Translation	170					1
TOTAL FEE CALCULA	F1(7)3				·	820.W
Fees dua upoa filia; क्ष	a applement	•				
Total Eding Fees Due :	·	820,0				
Less Filing Fees Submi		/				
BALANCE DUE	= 5	820,00				
Office of Initial Patent E	Index xamination	<u></u>				

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FORM OIPE-RAM-OI (Rev. 1297)

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